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PTO/SB/17 (08-03)
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,630.00

Complete if Known

Application Number	10/016,051
Filing Date	12/06/2001
First Named Inventor	Yoshitaka MISHIMA
Examiner Name	Michael G. BOGART
Art Unit	3761
Attorney Docket No.	121027-0086

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 12-2136		Fee Code Fee (\$)	
Deposit Account Name: BUTZEL LONG		Fee Description	
The Director is authorized to: (check all that apply)		Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Paid			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims Fee from below Fee Paid			
Total Claims -20** = 0 X = 0.00			
Independent Claims -3** = 0 X = 0.00			
Multiple Dependent =			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 260 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		\$0.00	
*or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		\$1,630.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael S. Gzybowski	Registration No. (Attorney/Agent)	32,816
Signature	<i>Michael S. Gzybowski</i>	Telephone	734.995.3110
		Date	December 16, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
121027-0086

In Re Application Of:
Yoshitaka MISHIMA

Serial No.
10/016,051

Filing Date
12/06/2001

Examiner
Michael G. BOGART

Group Art Unit
3761

Title:
**DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE
SKIN-CONTACTABLE SURFACE**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**PART B - FEE(S) TRANSMITTAL
ISSUE FEE TRANSMITTAL
FEE TRANSMITTAL**

in the above identified application.

- ☐ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 12-2136 as described below. A duplicate copy of this sheet is enclosed.
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- ☒ Charge any additional fee required.

Dated: December 16, 2003



Signature
Michael S. Gzybowski

I certify that this document and fee is being deposited
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first class mail under 37 C.F.R. 1.8 and is addressed to the
Assistant Commissioner for Patents, Washington, D.C.
20231.



Signature of Person Mailing Correspondence

Marilynn M. Peterson

Typed or Printed Name of Person Mailing Correspondence

CC:

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s): Yoshitaka MISHIMA

Docket No.

121027-0086

Serial No.

10/016,051

Filing Date

12/06/2001

Examiner

Michael G. BOGART

Group Art Unit

3761

Invention:

DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE SKIN-CONTACTABLE SURFACEI hereby certify that this **TRANSMITTAL OF PAYMENT OF ISSUE FEE***(Identify type of correspondence)*

is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 16, 2003*(Date)***Marilynn M. Peterson***(Typed or Printed Name of Person Mailing Correspondence)*

A handwritten signature in cursive script that reads "Marilynn M. Peterson".

*(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.
121027-0086

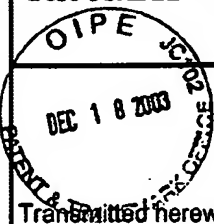
Applicant(s):

Yoshitaka MISHIMA

Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.
10/016,051	12/06/2001	Michael G. BOGART	3761	6019

Invention:

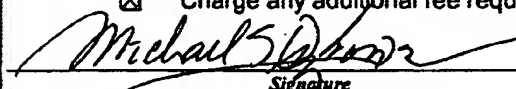
DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE SKIN-CONTACTABLE SURFACE



Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☐ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1330.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☒ Charge the amount of \$1,630.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.



Signature
Michael S. Gzybowski


Dated: **December 16, 2003**

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Signature of Person Mailing Correspondence	
Marilynn M. Peterson	
Typed or Printed Name of Person Mailing Correspondence	